

Emotional Challenges of Suicide Bereavement in Headlands, Zimbabwe.

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ABSTRACT

This study focuses on the emotional challenges faced by individuals who have lost loved ones to suicide in the Headlands area of Zimbabwe. It aims to explore the bereavement experiences and coping strategies used by the bereaved families. The research utilizes a qualitative approach, specifically employing the phenomenological research method known as Interpretive Phenomenological Analysis (IPA). Data was collected through interviews with open-ended and closed-ended questions, and thematic analysis was employed to analyse the data. The target population consisted of individuals residing in various regions of Headlands who had experienced the loss of a loved one to suicide. The sampling strategy used was snowball sampling. The study seeks to understand the family's perception of suicide, the impact of the loss, the availability of support systems, and recommendations for healthy coping strategies for bereaved families in Headlands, Zimbabwe.

Key Word: suicide, bereavement, coping strategies, Interpretive Phenomenological Analysis (IPA), qualitative research, emotional challenges.

INTRODUCTION

The Organisation for Economic Co-operation and Development (OECD) defines suicide as intentional deaths resulting from a person's deliberate planning and expectation of a fatal outcome. Annually, approximately one million people worldwide die by suicide, which equates to one death every 40 seconds (WHO, 2023). Over the past 45 years, global suicide rates have risen by 60%, with 77% of global suicides occurring in low- and middle-income countries in 2019 (WHO, 2023). Estimates suggest that there are 11.6 suicides per 100,000 individuals globally. The World Health Organization (WHO), (2023) identifies suicide, particularly among young and middle-aged adults, as one of the leading causes of death worldwide. While women are three times more likely to attempt suicide, four times as many men die by suicide as women do.

When an individual dies by suicide, it is challenging to determine the precise number of people affected by the event. Bereavement following a suicide is considered one of the most painful and inevitable life events, and grieving is the natural response to such loss (Xueni & Yeqing, 2019). Bereavement refers to the period of sadness and sorrow experienced after the death of a loved one (Wool & Catlin, 2019). The grieving process is always painful, but the loss through suicide is uniquely hurtful, unexpected, and difficult to cope with. Grief after the loss of a loved one can impact an individual's thoughts, emotions, social relationships, and physical health (Naef et al., 2017).

Following a suicide, the family dynamic undergoes irreversible changes. Family relationships may become strained, and issues with family functioning may arise. The breakdown of familial ties exacerbates feelings of isolation and powerlessness among the bereaved (McKiernan et al., 2018). Additionally, the bereaved often conceal their true emotions from family and friends, believing it is their responsibility to alleviate others' suffering. Consequently, they may feel lonely due to the need to hide their genuine emotions (Agha & Haque, 2020).

The bereaved not only face social difficulties but also experience physical and emotional distress (McKiernan et al., 2018). Sleep disruptions, cardiac issues, eating disorders, nausea, vomiting, dyspnoea, numbness, memory loss, difficulty standing, physical discomfort, severe abdominal pain, lack of appetite, low energy levels, exhaustion, and chronic chest pain are among the physical manifestations experienced by the bereaved (Spillane et al., 2018). The likelihood of experiencing sadness and engaging in alcohol or drug misuse increases following the suicide of a friend or family member (Mayton, 2019). Although mental health problems often decrease within the first three years after a suicide, severe psychological distress can lead individuals to contemplate suicide themselves if they do not receive sufficient treatment (Naef et al., 2017). This highlights the importance of effective coping strategies and mechanisms for individuals grieving a suicide loss.

Coping strategies refer to behavioural and cognitive techniques employed to manage challenging situations and demands. According to Spillane et al. (2018), coping strategies used by bereaved individuals in response to suicide can be categorized as sense-making, restorative, and risky. Sense-making involves attempting to understand the reasons behind the deceased's suicide and embarking on a journey to seek answers. Restorative coping involves making specific changes or engaging in activities to avoid grief. Risky coping strategies are associated with negative behaviours that threaten an individual's health, such as alcohol abuse (Agha & Haque, 2020). Risky coping strategies are prevalent among the bereaved, highlighting the need for postvention efforts.

The need for this study arises from the lack of information on the emotional challenges of individuals who have lost loved ones to suicide in Zimbabwe, specifically in the Headlands area. Headlands is a small farming town in the province of Manicaland, Zimbabwe. It is a trading post and tobacco farming area and there are high chances of more cases that are unreported. The lack of statistics might be because this area does not receive a lot of media coverage hence more information dissemination strategies through radios, televisions and use of billboards are needed.

Objectives

1. To examine the emotional impact of losing a family member to suicide on bereaved families in Headlands, Zimbabwe.
2. To identify the available support systems and resources for bereaved families in Headlands, Zimbabwe, following a suicide loss.
3. To investigate the coping strategies employed by bereaved families in Headlands, Zimbabwe, to manage the emotional challenges associated with suicide bereavement.

4. To provide recommendations for healthy coping strategies and support interventions to assist suicide-bereaved families in Headlands, Zimbabwe, in their grief journey.

METHODOLOGY

The research employed the use of a Phenomenology research approach. It is used to get information that cannot be quantified and to get a deep understanding of people's feelings, attitudes, personalities, emotions, and behaviour associated with suicide bereavement. A qualitative research approach was adopted to analyse the bereavement experiences and coping strategies of people who have lost their loved ones to suicide in Headlands, Zimbabwe in their natural context. Interpretive Phenomenological Analysis research design was used (IPA), it is phenomenological in nature and seeks to understand how participants make sense of their experiences. It investigates subjective states from a privileged vantage point. IPA usually incorporates features of content analysis and the constant comparison method (McKiernan, 2018). So, because researchers used past literature evaluations as guidance for their research, the IPA research technique allowed for a thorough examination of the subject; it was narrowly focused on the issue and took little time. Given that the design is both phenomenological and interpretive, it addressed two challenges at once.

Data was collected through interviews with both open-ended and closed-ended questions. interviewing suicide survivors, the researcher observed how they interacted with one another and other members of their communities. Demographic information, which included inquiries about sex, age, and socioeconomic position, was covered in the interview.

People who had lost a loved one to suicide and resided in various Headlands' regions at random made up the study's target population. 10 people above the age of 18, both male (4) and female (6), were the target demographic age group, which helped to provide trustworthy research results. The sample of participants selected was sufficient to present research results, as qualitative research design uses a small group of participants to get a deep understanding.

The study employed the snowballing sampling strategy, a non-probability method utilized by academics to uncover potential participants in studies where people are hard to come by (Kougiourouki & Masali, 2022). Since suicide is such a taboo topic, the researcher largely depended on recommendations to obtain a sizable number of samples for data collection. The number of participants was not predetermined; it would be determined by data saturation. The research conveniently focused on people who had lost their loved ones and relatives through suicide. Data was examined using descriptive and interpretive theme analysis. According to Wood et al., (2021), thematic analysis is a method of viewing and coding qualitative data. The audience can fully understand the notion without being perplexed or misled thanks to the researcher's ability to provide facts in a logical and orderly manner using thematic analysis (Wood et al., 2021).

Research questions used when collecting data addressed the following concepts:

- The family's perception of the death of a family member by suicide in Headlands, Zimbabwe
- The emotional impact of losing a family member through suicide in Headlands, Zimbabwe
- Availability of emotional support systems for bereavement in Headlands, Zimbabwe
- Recommendations of healthy emotional coping strategies for the suicide-bereaved families in Headlands, Zimbabwe

RESULTS

Shame

Shame is a common emotional response experienced by family members who have lost a loved one to

suicide. The stigma surrounding suicide can lead them to believe that they have done something wrong and fear being judged by others. The shame they feel may manifest as self-stigmatization, where individuals avoid discussing the suicide and isolate themselves from others. They may feel the need to hide the cause of death from their family and friends due to concerns about what people will say or think about them.

For example, one participant shared their experience of remaining indoors and staying close to their family after the death, stating that they were worried about what other people might say behind their back and about their family. This fear of ridicule and negative perceptions from society can make it challenging for individuals to seek the support and understanding they need during the grieving process.

The taboo nature of suicide adds to the sense of shame and the desire to keep the cause of death a secret. Another participant mentioned that they initially couldn't even tell their family about how their husband died, but eventually, they had to disclose the truth. However, they decided to keep it a secret because of the potential judgment and social stigma associated with suicide.

These personal accounts highlight the shame and fear of judgment experienced by individuals who have lost a loved one to suicide. The stigma surrounding suicide can make it difficult for them to openly discuss their loss and seek the support they need. It is important to address this stigma and provide a supportive environment where people can openly talk about suicide and its impact on their lives without fear of shame or judgment.

Abandonment

Abandonment is a profound emotional response experienced by family members who have lost a loved one to suicide. The sudden and unexpected nature of the loss can create a sense of abandonment, as they are left without answers about why their loved one took their own life. They may never fully understand the circumstances that led to the suicide, leaving them with a sense of confusion and a feeling of being left behind.

This feeling of abandonment can make the grieving process even more challenging. Individuals may feel like they have lost someone without truly knowing them or understanding their struggles. They may question their relationship with the deceased and wonder if there was something they could have done differently to prevent the suicide. This self-doubt and self-blame can intensify the pain of the loss and lead to a range of complicated emotions.

For example, one participant expressed their devastation, stating that they lost their husband, the father of their kids, a friend, and a co-worker. They had plans, but now they feel alone and abandoned, unsure of how to move forward without their loved one. This sentiment reflects the deep sense of personal rejection and abandonment that can arise after a suicide loss. *"I lost my husband, the father of my kids, a friend, and a co-worker. We had plans, but how am I supposed to carry them out now that I'm alone myself? I'm devastated that he abandoned me and left me on my own."*

The feeling of abandonment can be further complicated by the perception that the deceased chose to leave their loved ones behind. Survivors may question whether their loved one truly loved them or their family, believing that if they did, they would not have chosen to die in this way. This can lead to a profound sense of betrayal and intensified feelings of abandonment. As one participant expressed it:

"If he genuinely loved me and our family, he would not have chosen to die this way, abandoning me to face it all alone."

Guilt

Survivors often blame themselves for not being able to prevent the suicide or for not recognizing the signs of distress in their loved one. They may feel a deep sense of failure and believe that they could have done something differently to save their loved one's life. These feelings of guilt can be overwhelming and persistent, leading to constant self-blame and worry. The guilt may also extend to feeling unworthy of love or life itself.

The provided examples further illustrate the experience of guilt in suicide bereavement. One person expressed feeling puzzled, frightened, and ashamed for not anticipating the suicide, highlighting the shock and self-blame that can accompany the loss. The person believed they knew their loved one well, but the suicide revealed a hidden aspect, intensifying their feelings of guilt and failure. The constant preoccupation with guilt and worry demonstrates the ongoing impact of guilt on their daily life. *"I was puzzled, frightened, and ashamed that I had not anticipated it," the person said. I believed I knew him, but then it turns out I didn't, and I feel bad for failing him. I won't be able to deal with this guilt since it occupies me constantly and I worry about him often"*.

Another participant shared guilt related to their spouse's suicide, feeling that they may not have paid enough attention and may have contributed to the circumstances leading to the suicide. This self-blame reflects the common belief among survivors that they should have been more vigilant or responsive. The subsequent comment echoes a similar sentiment, suggesting that paying more attention to the loved one's feelings and behaviours might have prevented the suicide. *"I feel guilty for my husband's death since I might have not paid attention to him and may have become enraged with something I said or did," a participant stated. Another person added, "In a similar manner. If I had paid heed to his feelings and behaviours, he would be here right now."*

Additionally, guilt can also be experienced by survivors who feel as though moving forward and finding happiness would be a betrayal to the deceased. This adds another layer of guilt and can hinder the healing process.

It is important to recognize that guilt is a common and powerful emotion experienced by those who have lost a loved one to suicide. However, it is crucial to understand that this guilt is often unfounded and not the fault of the bereaved. Finding healthy ways to cope with guilt, such as seeking support, engaging in self-care, and reframing thoughts, can be essential in the grieving process and in rebuilding one's life after such a profound loss.

Anger

When individuals experience the suicide of someone close to them, they may feel a range of emotions, including anger. This anger can be directed towards different targets, including the deceased, oneself, or the circumstances surrounding the suicide.

One source of anger is directed towards the deceased. Survivors may feel upset and angry that their loved one did not reach out for help or communicate their struggles before taking their own life. They may question why the person did not seek support or share their pain, which can lead to feelings of frustration and disappointment. The quote provided illustrates this sentiment, expressing unhappiness and a desire for the deceased to have confided in them instead of resorting to suicide. One participant lamented, *"I'm unhappy at him because he would have told me if he had troubles or if I had pushed him over the edge in any way instead of taking his life as if he didn't have anyone." I'm also disappointed in myself for being powerless to stop the death. If only I had known and followed him, none of this would have occurred."*

The survivor may also feel a sense of powerlessness in not being able to prevent the death, leading to self-directed anger and regret.

Anger can also be directed towards the world or circumstances. Survivors may feel angry at the unfairness of the situation, questioning why their loved one had to suffer to the point of taking their own life. They may feel a sense of injustice and resentment, which can contribute to their anger. The participant's statement reflects this anger, expressing disbelief and questioning what went wrong and where they went wrong. The survivor may struggle to come to terms with the fact that their loved one chose to cause them and others such immense pain through suicide. *"I can't live with it myself because of what she did." How could she decide to cause us such suffering? What went wrong and where did we go wrong? That she had to pass away in this way is incredibly awful?"*

In some cases, anger may be related to the practical consequences of the suicide. Survivors may experience financial difficulties, loss of a caregiver, or increased responsibilities as a result of the suicide. This can lead to frustration and anger towards the circumstances that have created these challenges. The example given highlights the financial burden and the unfulfilled dreams and plans due to the loss. The survivor may feel that if the suicide had not occurred, their life would have been different and more manageable. One person said, *"We had dreams, our house was incomplete, and I intended my son to go to a nice school, but I cannot really finance it because he wasn't there to help me,"* in expressing this attitude. *"If he hadn't passed away, everything would have been OK."*

Overall, anger is a complex and understandable response to the loss of a loved one through suicide. It is important for individuals to allow themselves to feel and express their anger while also actively working towards healing and finding ways to cope with the effects of the suicide.

DISCUSSION

The study made an exploration on the emotional challenges of suicide bereavement in Headlands where a total of 10 participants were investigated. The study results revealed that suicide loss brings unbearable painful experiences to the surviving members. Compared to the feelings of natural death, the feelings of a suicidal death tend to be coupled with the feelings of shame, abandonment, anger and guilt. The research further obtained the themes containing detailed descriptions of participants' emotional experiences related to suicide loss.

Agha & Haque (2020), maintain that the grief that is experienced by suicide survivors can be qualitatively different compared to that which is as result of other causes of death. The results obtained from the study are in agreement with this assertion particularly basing on the response that was given by one participant who had to say; *"What went wrong, that she had to pass away in this incredibly awful way?"* Suggestive of this, it can therefore be deduced that death by suicide is uncalled for and not easy to comprehend. One can then propose that suicide deaths leave the family with a feeling that they have been abandoned by someone they looked up to or loved dearly. Contrastingly, the findings further reveal that suicide bereavement mostly affects the women than men as shown by the obtained statistical figures (see table). A close analysis of the same data also shows that most of the respondents are people who live a single life; one can perceive the emotional fragility of being alone in handling daily situations. Jordan (2001) in light of this, is quick to conclude that the surviving family members are left guessing why their relationship with deceased relative was not enough to keep them from taking their lives.

According to Shields et al (2019), survivors often replay events up to the last moments of their loved one's demise with the intention of wanting to explore for clues and warnings that they would have failed to notice

and understand before the tragedy. One notable response that supported this is derived from one respondent who had to say; *“If I had paid heed to his feelings and behaviours, he would be here right now.”* This feeling of self-blame and or guilt reveal the respondent’s wish to have done their best to revoke the situation. While feelings of guilt are usually understood to be a result of failure to do something that is beyond one’s potential, the same feelings were interpreted differently by the respondents as one had to say; *“I believed I knew him, but then it turns out I didn’t”* This response reveal that the death came as a shocker and the respondent never expected it to happen that way. Suggestive of this, the same guilty feelings can be understood from different contexts. A conclusion can further be drawn that one must realise that the guilty feeling is prevalent among survivors of suicide relatives.

Studies have exposed that processing suicide deaths is usually associated with anger among the surviving families. Kougiourouki and Masali (2022) assert that this anger can be directed towards the deceased member, among themselves as the bereaved family, other family members, healthcare providers, God, and or the world in general. The findings of this study concur with this, and this is reflected by the responses that were given by one of the respondents who said; *“I’m unhappy at him because he would have told me if he had troubles”* and another respondent who also said; *“I’m also disappointed in myself for being powerless to stop the death”*. A close analysis of these emotions can also mean that the bereaved family members felt cheated hence resorting to the feeling of anger and resentment.

Shame is also one of the feelings that the respondents expressed towards the loss of their dear ones due to suicide. Unlike other forms of death, most families who have lost their loved ones through suicide proved to have found it difficult to talk to others about their loss due to the societal perceptions of such deaths. Some participants reported that since they lost their loved ones through suicide they have chosen to stay indoors and avoid gatherings as much as they can. The feeling of being unable to talk to others about death is often propelled by the perceived need to conceal the cause of death. Kougiourouki and Masali (2022) maintain that at times the people’s belief system makes it difficult for people to openly speak about the death or fully accept it. The study however further revealed that this shame can also be due to the inability to meet the expected societal demands of explaining what the incident happened. One responded has to share that; *“I could not even tell my family about how my husband died, but I finally had to tell them, but we resolved to keep this a secret because of what people would think about us and especially him”* Basing on this, it can also be construed that the bereaved family of a person who dies through suicide will also face the challenge of failing to give the expected explanation to the death of their loved one through such a way thereby giving rise to shame.

LIMITATIONS

Generalizability: The findings of this study may be specific to the Headlands area of Zimbabwe and may not apply to other regions or cultural contexts. The sample was limited to individuals residing in Headlands who had experienced the loss of a loved one to suicide, which may limit the generalizability of the findings.

CONCLUSION

It should be noted that persons who have had a suicide loss frequently experience emotional challenges at this time. Emotions including shame, embarrassment, anger, fear, and abandonment are frequent in suicide bereavement. Although some of these emotions can linger for years after a loved one’s passing, the majority of them are strongest in the early stages of grieving. Without emotional support, those who have lost a loved one may experience emotional distress for a long time.

Future research in the field of suicide bereavement could focus on several areas to further deepen our understanding and support for individuals who have lost a loved one to suicide. Here are some potential

areas for exploration:

- **Long-term emotional impact:** While the study acknowledges that some emotions can linger for years after a suicide loss, further research could examine the long-term emotional consequences of suicide bereavement. Understanding how emotions evolve and change over time can help develop targeted interventions and support strategies for individuals in different stages of grief.
- **The role of social support:** Investigating the specific types of social support that are most beneficial for those who have lost a loved one to suicide can provide valuable insights. Research could delve into the impact of various support systems, such as family, friends, support groups, and mental health professionals, in facilitating the healing process and reducing the stigma associated with suicide bereavement.
- **Self-stigma and disclosure:** Understanding the experiences of self-stigma and the challenges of disclosure among those who have lost a loved one to suicide can be an important area of investigation. Research could examine the barriers to seeking help and disclosing the cause of death, as well as the impact of self-stigma on the grieving process and overall well-being.

By expanding knowledge in these areas, future research can contribute to the development of targeted interventions, support services, and public awareness campaigns that better meet the needs of those who have lost a loved one to suicide. This research can help reduce stigma, improve access to resources, and enhance the overall well-being of suicide loss survivors.

RECOMMENDATIONS

1. **Establishing Support Groups:** Creating support groups specifically tailored for suicide-bereaved families can provide a safe and understanding environment for individuals to share their experiences, emotions, and coping strategies in Headlands, Zimbabwe.
2. **Strengthening Professional Support Services:** It is essential to enhance the availability and accessibility of mental health professionals, such as counselors and therapists, who specialize in grief counseling and suicide bereavement within Headlands, Zimbabwe.
3. **Collaborating with Community Organizations:** Collaborating with local community organizations, religious institutions, and NGOs can help establish a network of resources and support systems for suicide-bereaved families in Headlands, Zimbabwe.

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